

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		
O.I.P.E. CLASSIFIER		49	9/27/91
FORMALITY REVIEW	B-11	20V	9/29/91
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-appeal  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Best Available Copy

Claim	Date
Final Original	
1	9/30/91
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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10	✓
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12	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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